



Basic Health™

Open Enrollment 2005

**For Basic Health members,
changes start January 1, 2005**

- **New premiums**
- **May need to change your health plan**

Details and instructions inside!



Basic Health™

Washington State Health Care Authority
PO Box 42688
Olympia WA 98504-2688
HCA 25-656 (10/04)

What is open enrollment?

It's the one time each year when current Basic Health members can change their health plan and/or enroll existing family members.

Do you want to change health plans?

Yes

1. See your enclosed *2005 Open Enrollment Change Form* (page 3) for the health plans available in your area.
2. Read "Choosing your 2005 health plan" (page 6).
3. To make a change, you can:
 - Use e-coverage online at www.basichealth.hca.wa.gov; or
 - Call 1-800-842-7712 (available 24 hours a day, seven days a week during open enrollment); or
 - Return the enclosed change form in the envelope provided.
4. If you don't do anything, you'll be assigned to the health plan shown on your change form.

No

1. See your enclosed *2005 Open Enrollment Change Form* (page 3) to make sure your current health plan is still available in your area. If it is, you don't have to call or return anything.
2. You should still read the premium and health plan changes for 2005 (page 5).

Do you want to add a family member to your Basic Health account?

Yes

1. Read and complete the enclosed *Adding Family Members Form* (page 4).
2. You must return this form and the required documentation in the envelope provided.

No

1. You don't have to return anything!
2. You should still read the premium and health plan changes for 2005 (page 5).

If you add family members to your account, you will receive a **Personal Eligibility Statement** in the mail showing that change. For most of you, changes for your January coverage will be shown on the billing statement you receive in November.

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2005 Open Enrollment Change Form

This form is printed with your personal account information. This is not a bill.

- If you want to change your health plan, you can make the change online, by phone (see page 2), or by checking the box next to the health plan below and returning this form. Any change must be made by
- If you're adding a family member, complete the form on the back of this page, sign and date it, and return it to Basic Health in the envelope provided. Basic Health must receive it by

Subscriber:

I.D. Number:

Current Health Plan Information

2004 Health Plan:

2004 Monthly Premium:

The following family members are currently enrolled on your Basic Health account and, unless changes are made or their eligibility changes, will have coverage continuing into 2005:

What if I don't do anything?

If you do not make any changes, your:

2005 health plan will be:

2005 monthly premium will be:

Health plans available in your area:

Health Plan Code

2005 Health Plan Options

2005 Premium (effective with January 2005 coverage)

▲ Tear here to remove. ▲

Adding Family Members Form

If you would like to enroll yourself or a family member on your Basic Health account, your income must meet Basic Health's income guidelines. Social security numbers are voluntary, unless you are applying for Basic Health *Plus* or maternity benefits. You must send the following with this form:

- Proof of your total gross family income (before taxes) from all sources for the most recent 30 days or complete calendar month.
- A copy of the most recent federal income tax return (IRS Form 1040 and all applicable schedules) for you and your spouse, whether filed jointly or separately.

Subscriber: If you do not have Basic Health coverage and wish to enroll, please complete the following.

Social security number - -	Last name	First name	M.I.	Birth date / /
Daytime phone number ()	Are you legally married? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of marriage: / /	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date: / /
Applying for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving assistance from DSHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, entitlement date: / /

Spouse: You must be legally married. If you are living in the same household but are not married, your partner cannot be added to your account. For a separate application call 1-800-660-9840 or visit online at www.basicehealth.hca.wa.gov.

Social security number - -	Last name	First name	M.I.	Birth date / /
Daytime phone number ()	Are you legally married? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of marriage: / /	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date: / /
Applying for coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving assistance from DSHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, entitlement date: / /

Dependents: If you are adding more than one dependent, please copy this form or use a separate piece of paper.

Dependent's last name	First name	M.I.	Social security number - -	Birth date / /	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Enroll in Basic Health? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enroll in Basic Health <i>Plus</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled and over age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, receiving Social Security Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Entitlement date: / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, estimated due date: / /	
Receiving assistance from DSHS? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child living in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time student (age 19-22)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send proof of enrollment from the accredited school.	Relationship to subscriber <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other _____		

If you checked "yes" to enroll in Basic Health *Plus*, do you **want to pay** for regular Basic Health until a decision is made on your eligibility for Basic Health *Plus*? ☐ Yes ☐ No

***If you add a family member for Basic Health *Plus*, or who is pregnant, we will send you an application for those programs.**

Signatures required

I certify under penalty of perjury that the information I have provided in this application and attachments is true to the best of my knowledge. I understand that:

- I must promptly report any changes to the information provided, as explained in the *Member Handbook*, and provide proof of my gross family income.
- Either Basic Health or the Department of Social and Health Services may verify this information through other state or federal agencies.
- **Anyone who submits false information may face penalties for prosecution and collection, may lose coverage, and may be required to pay additional premium amounts due or the cost of services obtained under Basic Health.**
- Any changes requested to my account are not approved until I am notified in writing by Basic Health.

I authorize Basic Health to verify my family income and authorize my health plan or medical provider to give Basic Health medical records needed for my or my dependent children's participation in Basic Health. If approved, coverage changes will take effect January 1, 2005, provided the billing statement I receive for January coverage (usually in November) is paid on time. Washington State law may require disclosure of any information submitted as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or online at www.hca.wa.gov.

Subscriber's signature _____ Date _____

Spouse's signature _____ Date _____

Signature of dependent over age 18 _____ Date _____

Basic Health changes for 2005

Premium changes

Because of 2005 contract changes, you may see a change in your monthly premium, shown on the billing statement you receive in November, due December 5, 2004. This amount is shown on your *2005 Open Enrollment Change Form* (page 3).

The monthly premium is based on your family's size, income, health plan, and ages of enrolled family members. The following changes may also affect your monthly premium:

- Adding (including birth or adoption) or removing family members, even if they are not receiving coverage; or
- A change in income; or
- Having a family member lose eligibility for the Maternity Benefits Program or Basic Health *Plus*.

Health plan changes

- Regence BlueShield will not be a contracted health plan for Basic Health in 2005.
- Members enrolled in Basic Health *Plus* or the Maternity Benefits Program may be able to remain with Regence BlueShield for 2005. You will need to contact the Department of Social and Health Services' (DSHS) Medical Assistance Administration at 1-800-562-3022 for information.

Reminder:

Your deductible and out-of-pocket maximum for each covered family member will start over with the new calendar year for those benefits and services subject to deductible and coinsurance. Contact your health plan for more information.

Making changes to your account

Adding family members

Open enrollment is the only time each year to add current family members to your Basic Health account, unless they're enrolling in Basic Health immediately after losing other health coverage.

If you're applying for coverage for a child who is not your biological child, adopted child, stepchild, or for a disabled adult dependent, you must send proof of legal guardianship (such as a copy of the court order). You may also be able to enroll a child under an informal guardianship agreement by providing a copy of the guardianship agreement and documentation to show that you are providing at least 50 percent of the child's support.

Group members will also be affected

If you're enrolled in Basic Health through a home care agency, financial sponsor, or employer group, open enrollment may affect you a little differently than explained in this booklet.

If you make changes to your Basic Health account, the change will take effect January 1, 2005. Be sure to let your group representative know if you make a change. The bill your group contact receives in November (for January coverage) will show your new premium amount.

Receive better benefits and save money

If you are covering children under age 19, but have not enrolled them in Basic Health *Plus*, they are adding to your monthly premium.

To be eligible for Basic Health *Plus*, children must live with you and be U.S. citizens, or immigrants who have legally resided in the U.S. for five years or more.

To receive a Basic Health *Plus* application, call 1-800-842-7712. Or, if you're adding these children to your Basic Health account, check the appropriate box on the *Adding Family Members Form* (page 4).

Choosing your 2005 health plan

If you are choosing a new health plan, or if you want information about your current plan, here are some things to think about.

Differences between health plans

- All health plans offer the same basic benefits; however, there may be differences in the prescription drugs and preventive care services they will cover.
- Monthly premiums may be different for each health plan.
- Choice of providers may be different for each health plan.
- See the chart on page 7 for information on services the health plans offer.

Prescriptions

If you're taking medications regularly, ask the health plan if it covers those prescriptions and what the copayment will be for each in 2005. Health plans do not all cover the same prescription drugs.

Choice of providers

- All members of your family must be in the same health plan, but each of you may choose different primary care providers (PCPs). After you choose (or are assigned to) your health plan, you need to select a PCP with that health plan who will provide or coordinate all of your care starting January 1, 2005.
- Be sure to consider your choice of providers (doctors, clinics, hospitals, pharmacies, and other health care professionals).
- Even if your health plan is not changing, the health plan's contracts with providers may change. If you have a specific provider you would like to see, ask if he or she will be participating with Basic Health and your health plan in 2005. You should also confirm this with the health plan.
- If you have a family member enrolled in Basic Health *Plus* or the Maternity Benefits Program, make sure your provider is participating with that program in the health plan you're considering. If not, you may need to change either your provider or health plan.

- If you have Internet access, visit our Web site at www.basicealth.hca.wa.gov or the health plans' Web sites (see page 7) for provider listings. Basic Health's Web site includes a link to the Provider Directory that may help you determine which providers are with your health plan. Be sure to check this information with your health plan.

Please note: If you have questions about providers, please contact the health plan directly. Basic Health staff cannot answer questions about which providers are accepting new patients or the health plans they contract with.

Referrals/facilities

Some health plans may contract with provider groups, called subnetworks. You may have to see specialists or use facilities, such as hospitals, which are in the same subnetwork as your primary care provider (PCP). For example, if a specialist is with your health plan, the specialist's services may not be available to you unless the specialist and your PCP are in the same subnetwork.

Call the health plan or your PCP to find out if your PCP can refer you to anyone listed as a provider with that health plan, or if your PCP can refer you to only a selected group of providers within the health plan.

If you don't follow the health plan's rules for referrals, you may have to pay for the entire cost of the service.

If you have questions or need specific information, call the health plan directly.

Health plans comparison

The information below has been supplied by the health plans and is very general. It is based on information believed accurate and current, but be sure to verify with the health plan before making decisions. If you have questions or want more specifics about covered services or prescription drugs, please call the health plan directly.

Health plan	24-hour nurse advice line?	Interpretation services?	Wellness education classes offered?	Mail-order pharmacy?
Columbia United Providers, Inc. 1-800-315-7862 or 360-891-1520 TTY/TDD: 1-866-287-9962 www.cuphealth.com	Yes	Yes	Yes, limited	No
Community Health Plan of Washington 1-800-440-1561 TTY/TDD: 1-800-833-6388 www.chpw.org	No	Yes	Yes	No
Group Health Cooperative 1-888-901-4636 TTY/TDD: 1-800-833-6388 www.ghc.org	Yes	Yes	Yes, limited	Yes
Kaiser Foundation Health Plan of the Northwest 1-800-813-2000 TTY/TDD: 1-800-735-2900 www.kaiserpermanente.org	Yes	Yes	Yes	Yes
Molina Healthcare of Washington, Inc. 1-800-869-7165 TTY/TDD: 1-877-665-4629 www.molinahealthcare.com/washington	Yes	Yes	Yes	No

Do your part to manage your health care

There are many things you can do to keep from having to see your doctor, or to prevent illness or injury. Ask your health plan or doctor's office for any booklets they might have on staying healthy, or dealing with a specific health issue. Your health plan may also provide preventive care services and wellness offers at little or no cost to you. Also, you may want to visit Hope Health's Web site at www.hopehealth.com for tips on good health.

How to reach Basic Health

If you have questions about adding family members to your Basic Health account, your monthly premiums, or income and address changes, call Basic Health. (If you're a member of a financial sponsor group, please contact your financial sponsor.) In most cases, you will be asked for your subscriber I.D. number (usually your social security number), so please have it ready.

- To talk to a Basic Health benefits specialist, call 1-800-660-9840, and press 1. Benefit specialists are available 8 a.m.-5 p.m. Monday through Friday.
- To request forms or hear recorded information, call our 24-hour line at 1-800-842-7712.

For more information on Basic Health benefits, costs, and guidelines, visit www.basichealth.hca.wa.gov.

Some benefits described in this booklet are based on state laws. We have attempted to describe them accurately, but if there are differences, the laws will govern.

To obtain this publication in another format, (such as Braille or audio), contact our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), please call 360-923-2701 or toll-free 1-888-923-5622.



DETACH BEFORE MAILING



From

PLACE
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Basic HealthTM

Washington State Health Care Authority

Basic Health Open Enrollment

PO Box 42688

Olympia, WA 98504-2688

It's easy!
Respond today!